



Atty. Dkt. No. 042783:0126

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert K. Kopras
Title: ANGLE ATTACHMENT FOR
POWER TOOL
Appl. No.: 09/346,158
Filing Date: 7/01/1999
Examiner: W. Bray
Art Unit: 3725
Batch No.: G79

<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on the date below.</p> <p><u>Peter J. Manghera</u> (Printed Name)</p> <p><u>Peter J. Manghera</u> (Signature)</p> <p><u>February 17, 2000</u> (Date of Deposit)</p>
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Respectfully submitted,

Date

Feb 17, 2000

By

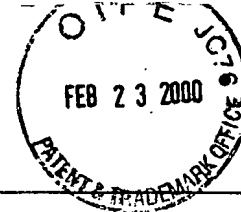
Peter J. Manghera

FOLEY & LARDNER
Verex Plaza
150 East Gilman Street
Madison, Wisconsin 53703-1481
Telephone: (608) 258-4265
Facsimile: (608) 258-4258

Peter J. Manghera
Attorney for Applicant
Registration No. 40,080

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Feb. 17, 2000

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/346,158	07/01/99	025	BRAY, W	3725 01/12/00
First Named Applicant	KOPRAS, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION: ANGLE ATTACHMENT FOR POWER TOOL

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 042783:0126	451-358.000	G79	UTILITY	YES	\$605.00	04/12/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Foley & Lardner

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Roto-Zip Tool Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Cross Plains, WI

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Peter J. Manghera

Feb 17, 2000

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